

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014221

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No.

245

Primary Registration District No.

3047

Registrar's No.

41

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Tulsa	
b. CITY (If outside corporate limits, give TOWNSHIP only) Neosho		c. CITY OR TOWN Tulsa 83 ST 8	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sale Memorial Hosp Days		d. STREET ADDRESS 5724 E. 4th Place	
3. NAME OF DECEASED (Type or print) Mary Bell Barrick		4. DATE OF DEATH Month May Day 5 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 16, 1904
9. AGE (In years last birthday) 54		10. FUNDING YEAR Months 34 Days 8 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	
11. BIRTHPLACE (City and state or country) Aurora, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dol L. Faulkner		13b. MOTHER'S MAIDEN NAME Millie Blankenship	
14. NAME OF HUSBAND OR WIFE Howard J. Barrick		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give dates of service) No	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT Howard Barrick Address Tulsa, Oklahoma	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1. Arterio sclerotic heart disease with coronary occlusion + failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 1. diabetes mellitus - severe DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X		INTERVAL BETWEEN ONSET, AND DEATH 1.4 yrs - 2.7 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:40 a.m. P. Month May Day 5 Year 1959		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Neosho Mo.	
20g. COUNTY Newton		20h. STATE Mo.	
21. I attended the deceased from June 1958 to May 5, 1959 and last saw her alive on May 5, 1959 Death occurred at 6:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Harold C. Kempton (Degree or title)	
22b. ADDRESS Neosho Mo.		22c. DATE SIGNED 5-6-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Aurora Cemetery	23d. LOCATION (City, town, or county) (State) Aurora, Missouri
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.		25. DATE RECD. BY LOCAL REG. 5-6-59	
26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

US
FILE
1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Armed L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood

Keosauqua, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.